			Sex	Race
Address				
City	State	_ Zip	Date of Birth	
Parent / Guardian:				
Name			Relation	nship
Address				
City		State	-	
Home phone				
Best communication email:				
In case of emergency				
Emergency Contact #I				
Emergency Contact #2				
Family physician				
Insurance Co ID #		Group #		
Primary Name of Policyholder		Group #	Relationship	
Medical History				
(Check the appropriate blanks)				
Immunizations: Tetanus	Polio Boos	ter Measl	es Mumps	Нер А
Other:				
Illnesses:				
Allergies:				
Previous operation or illness:				
Current medication: (list)				
Special diet:				
Childhood diseases: Chicken pox			Whooping gough	Othom
•	ivieasies	Widinps	w nooping cough _	Ouler:
To whom it may concern: I give the Forest Hills Baptist Chunamed student. I/we, the undersig Church from any and all claims, de	gned, do hereby r mands, actions, an	elease, and forever d cause of action,	discharge all sponsors past, present, or future a	and Forest Hills Baptis crising out of any damage
or injury while participating in the a	activity/event. Thi	s is for all event da	tes January I until Decei	nber 31, 2019.
or injury with participating in the a				
	sign without		resence of the not	
	sign without		resence of the not	
	_	being in the p		<mark>ary.</mark>
Do not	Parent or guardian	<mark>being in the p</mark>		<mark>ary.</mark>
Do not Date F State of	Parent or guardian	being in the p	of	<mark>ary.</mark>
Do not Date F State of Before me personally appeared	Parent or guardian	being in the p County person described in	of, n and who executed the f	to me known (or prove
Do not Date F State of Before me personally appeared to me on the basis of satisfactory ev	Parent or guardian Pidence) to be the the same as her/h	being in the p County person described in is free act and deed	of, n and who executed the f	to me known (or prove

A front and back copy of your insurance card is required